

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	010407
	First Named Inventor	Zimmerman
	COMPLETE IF KNOWN	
	Application Number	09 / 905, 766
	Filing Date	7/14/01
	Group Art Unit	2152
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR EXISTING
NETWORK CONFIGURATION

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 07/14/01 as United States Application Number or PCT International

Application Number 09/905, 766 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

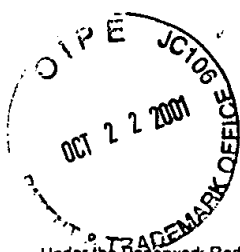
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]



PTO/SB/01 (03-01)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **SHERI L.** Family Name or Surname **ZIMMEL**

Inventor's Signature _____ Date _____

Residence: City **RICHARDSON** State **TX** Country **USA** Citizenship **USA**

Mailing Address **513 GOODWIN DRIVE**

City **RICHARDSON** State **TX** ZIP **75081** Country **U.S.A.**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **KRISTOPHER E.** Family Name or Surname **GLOVER**

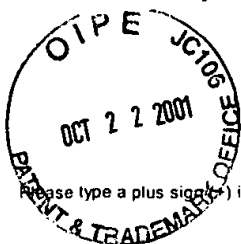
Inventor's Signature _____ Date _____

Residence: City **RICHARDSON** State **TX** Country **USA** Citizenship **USA**

Mailing Address **2801 SANDY TR.**

City **RICHARDSON** State **TX** ZIP **75080** Country **USA**

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Express Mail Label: Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

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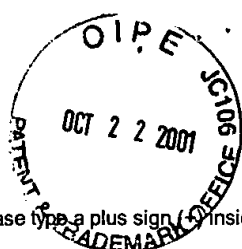
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Anna A.		Maravina	
Inventor's Signature		Date	
Residence: City	Richardson	State	TX
Country	USA	Citizenship	Russia
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Mailing Address			
City	Richardson	State	TX
ZIP	75082	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mark W.		Lewis	
Inventor's Signature <i>Mark W. Lewis</i>		Date 10 Jul 2001	
Residence: City	Oxford	State	MS
Country	USA	Citizenship	USA
Mailing Address 737 Shady Oaks Circle			
Mailing Address			
City	Oxford	State	MS
ZIP	38655	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ronald S.		Stites	
Inventor's Signature		Date	
Residence: City	Plano	State	TX
Country	USA	Citizenship	USA
Mailing Address 4409 Wonderland Dr.			
Mailing Address			
City	Plano	State	TX
ZIP	75093	Country	USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Sheri L. Zimmel
Group Art Unit	
Examiner Name	
Attorney Docket Number	010407

I hereby appoint:

☐ Practitioners at Customer Number →**OR**☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Rudolf O. Siegesmund	37,720
Robert H. Frantz	42,553

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Rudolf O. Siegesmund, Reg. No. 37,720				
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Address					
City	Dallas	State	TX	Zip	75205
Country	U.S.A.				
Telephone	214-528-2407	Fax	214-528-2434		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Mark W. Lewis
Signature	
Date	16 Jul 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.